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Bib Data Sheet

CONFIRMATION NO. 3631

<b>SERIAL NUMBER</b> 09/652,735	<b>FILING OR 371(c) DATE</b> 08/31/2000 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2154	<b>ATTORNEY DOCKET NO.</b> 28170-00022	
<b>APPLICANTS</b> Leif Einar Aune, Grimstad, NORWAY;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b> NORWAY 19994240 09/01/1999					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 10/16/2000					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature <i>[Signature]</i>	Initials <i>P.L.</i>		
<b>ADDRESS</b> 27045					
<b>TITLE</b> Distributed IP-pool in GPRS					
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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<b>SERIAL NUMBER</b> 09/652,735	<b>FILING DATE</b> 08/31/2000 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2151	<b>ATTORNEY DOCKET NO.</b> 28170-00022
<b>APPLICANTS</b> Leif Einar Aune, Grimstad,;				
<b>** CONTINUING DATA *****</b> None P.L.				
<b>** FOREIGN APPLICATIONS *****</b> NORWAY 19994240 09/01/1999 Yes P.L.				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/16/2000</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Philip Lee</i> <i>P.L.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Stanley R Moore Esq Jenkins and Gilchrist PC 3200 Fountain Place 1445 Ross Ave Dallas ,TX 75202				
<b>TITLE</b> Distributed IP-pool in GPRS				
<b>FILING FEE RECEIVED</b> 820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	